## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:	) Chapter 11
W.R. GRACE & CO., <u>et al</u> .,	) Case No. 01-1139 (JKF) ) Jointly Administered
Debtors.	) Objection Date: February 18, 2009 at 4:00 p.m. Hearing: Schedule if Necessary (Negative Notice

# COVER SHEET TO FIFTIETH MONTHLY INTERIM APPLICATION OF DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD DECEMBER 1, 2008 THROUGH DECEMBER 31, 2008

Name of Applicant: David T. Austern, Asbestos PI

Future Claimants' Representative

("FCR")

Authorized to Provide Professional

Services to: As the FCR

Date of Retention: May 25, 2004

Period for which compensation is

sought: December 1, 2008 through December 31, 2008

Amount of Compensation (100%) sought

as actual, reasonable, and necessary: \$1,880.00

80% of fees to be paid:  $$2,350.00^{1}$ 

Amount of Expense Reimbursement sought

as actual, reasonable and necessary: \$0.00

Total Fees @ 80% and

100% Expenses: \$2,350.00

<sup>1</sup> Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an:	interim	X	monthly		final application
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The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

## COMPENSATION SUMMARY DECEMBER 2008

Name of Professional <u>Person</u>	Position of Applicant	Hourly <u>Billing</u> <u>Rate</u>	Total Billed Hours	Total Compensation
David T. Austern	Future Claimants' Representative	\$500.00	4.70	\$2,350.00
Grand Total:			4.70	\$2,350.00
Blended Rate: \$500.00				

Total Fees: \$ 2,350.00 Total Hours: 4.70 Blended Rate: \$ 500.00

#### **COMPENSATION BY PROJECT CATEGORY**

Project Category	Total Hours	Total Fees
Plan and Disclosure Statement	4.70	\$2,350.00
TOTAL	4.70	\$2,350.00

#### **EXPENSE SUMMARY**

Expense Category	<u>Total</u>
TOTAL	\$0.00

Respectfully submitted,

Dated: January 23, 2009 /S/ DAVID T. AUSTERN

David T. Austern

Claims Resolution Management Corporation

3110 Fairview Park Drive, Suite 200

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